

Mrs Dahiya

# Sailaway Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

About the service:

Sailaway is a residential care home that provides personal care for up to 18 people aged 65 and over. At the time of inspection 10 people were living at the service, including people living with dementia and people with a learning disability.

People's experience of using this service:

The registered provider is the person who is usually in day to day charge of the service. They were not present at the inspection on the 24 May 2019 and had been absent from Sailaway since 17 May 2019. The person left in charge during the provider's absence is referred to in this report as 'the manager'. This person was not registered with the Care Quality Commission and was not legally responsible for how the service is run or for the quality and safety of care provided.

During periods of their absence from the care home, the registered provider did not leave a suitably qualified and competent person in charge. The manager left in charge did not demonstrate an understanding of the knowledge and skills required to manage a care home. The manager did not demonstrate competencies in the overall management of the service and was not fit and competent to be in charge due to their personal conduct and failure to improve the service.

Aspects of leadership and governance of the service were not effective in identifying some significant service shortfalls, such as failing to ensure staff were appropriately trained and skilled to undertake aspects of their role.

The provider was not always delivering the appropriate level of support that people were assessed as requiring to meet their needs and keep themselves and others safe.

Incidents were not always responded to, recorded or addressed appropriately.  
Records were not always kept about persons employed or the management of the regulated activity.

The registered provider had not ensured that there were always suitably trained and competent staff on duty to administer medicines.

The provider had not ensured a process to implement or sustain the improvements that they told us that they were going to make. There was a lack of improvement to the service people received.

Rating at last inspection:

The last inspection the service was rated as Inadequate. (published 16 May 2019)

Enforcement;

At the last inspection on 20 and 26 February 2019 and 10 April 2019, report published 19 May 2019, the service met the characteristics of inadequate in three key questions, Safe, Effective and Well-Led and requires improvement in two key questions; Caring and Responsive. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded. We are taking enforcement action and will report on this when it is completed.

Follow up:

The overall rating for this service remains 'Inadequate'. This means that it remains in 'special measures'. We will keep the service under review and, if we do not propose to cancel the registration we will re-inspect within 6 months to check for significant improvements.

The purpose of special measures is to:

Ensure that providers found to be providing inadequate care significantly improve.

Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question overall, we will act in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question overall, we will act to prevent the provider from operating this service. This will lead to cancelling the providers registration or to vary the terms of their registration.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. We will have contact with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating to at least Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service well-led?**

The service was not Well-Led.

**Inadequate** ●

# Sailaway Residential Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Why we inspected;

The service is in special measures and is being kept under review. This focused inspection took place on the 24 May 2019 and was unannounced. The inspection was prompted by information given to CQC from the local authority and members of the public. Concerns had been raised about the management of the service and its effectiveness of meeting the needs of people who lived there. The inspection looked at the key question 'Is the service Well-Led'?

Inspection team:

The inspection took place on the 24 May 2019 and was undertaken by two inspectors.

Service and service type:

Sailaway is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sailaway accommodates 18 people in one adapted building. The service has two double rooms currently

used for single occupancy. There are bedrooms on the ground and first floors, those on the first floor are served by a stair lift. There is one communal area which is a lounge-diner and leads into a conservatory.

The provider is the manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We looked at the information we held about the service, as well as information received from the service. We reviewed notifications the provider had submitted. A notification is information about important events the provider is required to tell us about by law.

We did not ask the provider to complete a Provider Information Return (PIR) this is because the inspection was unannounced, and we were responding to information shared with us by the local authority and members of the public. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four staff including the manager and three people who use the service. We looked at records relating to how the service was managed. These included medicine administration records (MAR), staff training, the duty rota and accident and incident records. We reviewed information given to us by the local authority and members of the public.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

We inspected the service on 20 and 26 February 2019 and 10 April 2019 and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance. This was because there was not an adequate process for assessing and monitoring the quality of services provided and that all records were accurate and complete. During the inspection on 24 May 2019 there was a continued breach of this regulation.

On 20 and 26 February 2019 and 10 April 2019 the provider was in breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009. The provider had failed to notify CQC of relevant incidents that affect the health and safety and welfare of people using the service. During the inspection on 24 May there was a continued breach of this regulation.

On 20 and 26 February 2019 and 10 April 2019 the registered provider did not notify CQC of their absences lasting 28 days or more. This was a breach of Regulation 14 Care Quality Commission (Registration) 2009. Notice of absence. At the inspection on the 24 May, the provider had returned to the service and had notified CQC of their return. There was no further breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- On 20 and 26 February 2019 and 10 April 2019 there was concern that the provider had not taken ownership or fulfilled their obligations and responsibilities. They had not ensured effective oversight and monitoring of the quality of services and the safety of people. For example, they had not monitored or supervised staff to ensure that people were receiving a safe and effective service. The manager told us this was an area they planned to improve.
- On 24 May the improvements the manager told us about had not been made. The provider had not ensured a process for assessing staff's learning, areas for development or if further additional training or support was required. Staff told us that they did not receive supervision or appraisals, one said that they could not remember when they had received supervision but that it had been a "long while ago". This meant that staff were not being monitored or supervised to ensure that people were receiving a safe and effective service.
- Processes were not in place to ensure management oversight of the staff rota. This meant that there were not always staff on duty who were trained and assessed as being competent to administer medicines. This

had been identified at the inspections on the 26 February 2019 and the 10 April 2019. The manager had been made aware of this during both inspections.

- On 24 May 2019 the manager and the shift leader were both unsure which staff had undertaken medicine competency assessments. The providers eLearning training states that "The completion of this eLearning module does not prove your competence to administer medication. You must undertake additional face to face training to enable you to administer medication to individuals".
- The shift leader was trained to assess people's competency to administer medicines safely. They said that they had undertaken externally provided training in June 2018 and had assessed two staff since then, both in April 2019. The manager was unable to provide any assurances or evidence of competency assessments for all other staff who were administering medicines.
- For example, the rota for the week commencing 20 May 2019 showed one staff member was shift leader for five nights and responsible for administering medicines. The manager could not provide assurances that this person had been assessed as being competent and safe to administer medicine. They said there were not any records or documentation to provide these assurances. This meant that people could not be assured that they were receiving their medicines safely and from staff who were trained and competent in the safe administration of medicines. The manager gave us assurances that they would take immediate action to ensure a trained and competent person was on duty to administer medicines that night.
- On 20 and 26 February 2019 and 10 April 2019 the provider did not have oversight of medicines and had failed to implement a process to audit and monitor these to ensure people were receiving their medicines as prescribed by a medical practitioner. On the 24 May 2019 the manager told us that there was no process in place to audit medication records to identify errors in administration and recording and this was confirmed by the shift leader.
- We identified gaps in a person's medicine administration record (MAR) on the 22 and 23 May 2019. The manager and shift leader told us that this had not been identified because there was no system in place to check if medicines had been administered and signed for. The manager and the shift leader said that they did not know if this person had received their medicines on the 22 and 23 May. The shift leader and CQC inspector undertook a stock count of the person's medicine. The medicine count suggested that the person had received their medicine, but it had not been signed for. This meant that records could not give assurance that people were receiving their medicines in line with prescribed requirements.

Systems and processes were not in place to identify issues effectively and to assess, monitor and improve the quality of care. The lack of robust quality assurance meant people remained at risk of receiving poor quality care. This was a continued breach of Regulation 17 of the Health and Social care Act 2008 (regulated activities) Regulations 2014.

- Records were not always kept in relation to people and staff. There was a breakdown in trust between the management and some staff. We were told that this was because some staff were not assured that they were receiving the correct pay and deductions. Staff told us that they were not receiving pay slips and could not check that their hourly rate was in line with what they were legally entitled to. One person said that they had not received a payslip since February 2019, another said that they thought that they were being paid below the legal wage that they were entitled to but had been unable to check this without a pay slip.
- There were issues regarding the correct level of deductions and entitlements the provider was required to make from staff pay. This was confirmed by the manager. At a subsequent meeting with the provider they confirmed that all staff will receive their full entitlements at their next pay date and that all deductions will be paid in full by the end of June.
- People were not always receiving the level of support they were assessed as requiring. For a person who has complex behaviour needs, they had been assessed as requiring six hours a day 1-1 support. This was to ensure the person had meaningful occupation and reduce the incidents of physical assaults and aggressive



behaviour to other people. On Saturday 18 May 2019 visiting health professionals undertaking an unannounced visit observed that this person was not receiving their 1-1 support. The manager told them that they were the person who was supposed to be providing the 1-1 support. The manager disclosed that they were also in sole charge of four children under the age of 11 who were in the service at that time. This meant that the person was not receiving the level of support they were assessed as needing which potentially placed people at risk of avoidable harm, including the children. We were told that the manager made immediate arrangements for the children to be collected when concerns were raised by the visiting professionals.

- On 24 May 2019 we were unable to identify on the rota that a person was receiving the six hours a day 1-1 support they had been assessed as requiring. We asked the manager how they ensured that this support was being given. We were told that staff come in and worked extra hours to provide this although their hours were not recorded or shown on the rota. We saw that the person received 1-1 support for the three hour duration of the inspection. Staff providing the support were not showing on the rota and there was no documentary evidence to show the hours they were working. The person appeared happy and said that they were enjoying their activity of 'sorting out the shed'. We could not be assured that the person always received the additional support they were assessed as requiring as there were no record of staff hours.
- During the inspection we had cause to feedback to the manager about a personal conduct issue which affected their fitness and competence to be in charge. This was fed back to the provider and at a subsequent meeting they confirmed that the alternative management arrangements made during their absences were no longer in place.

Failing to ensure that records are kept in relation to persons employed and carrying out the regulated activity is a breach of Regulation 17 of the Health and Social care Act 2008 (regulated activities) Regulations 2014.

- Services that provide health and social care to people are required to inform CQC of important events that happen in the service. On 20 and 26 February 2019 and 10 April 2019 the provider had not always informed CQC of significant events in a timely way. This included two safeguarding concerns. This meant we could not check that appropriate action had been taken. On 10 April 2019 the manager told us that they had implemented a new system to monitor accidents and incidents which would support the provider to have oversight of these.
- On 24 May 2019 a review of accident and incident records Identified three incidents of alleged physical abuse that the provider had not notified CQC about. It was acknowledged that these were being considered under the local authorities safeguarding guidance because the incident had either been witnessed by a visiting health care professional or reported to safeguarding by the service. The provider is still required by to notify CQC of any allegations of abuse. The manager confirmed that they had not considered notifying CQC of any of the allegations of abuse because they did not believe the alleged abuse had occurred. This demonstrated the managers lack of competence in understanding their roles and responsibilities when left in charge.

The provider had failed to notify CQC of relevant incidents that affect the health and safety and welfare of people using the service. This was a continued breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others.

- On 20 and 26 February 2019 and 10 April 2019 staff said that the provider was not arranging staff meetings

or residents' meetings. On 24 May 2019, staff told us that a staff meeting had taken place since the last inspection and that there were plans to hold monthly meetings.

- We were told by relatives that the provider had contacted them prior to the CQC report being published on the 16 May 2019. They told us that they were advised that the report would not be 'favourable'. Residents, their families and representatives had been invited to a meeting with the local authority about the inspection report.
- The manager said that since the inspection on 10 April 2019 they had booked face to face training for staff over the next 12 months, commencing July 2019. The manager had been encouraging staff to undertake eLearning that was available to them and told us that some staff are going to be referred to college to undertake NVQ training.
- The provider had made improvements to fire safety following the fire safety inspection undertaken by West Sussex fire service on 4 February 2019.
- The provider had engaged the support of a manager of another local care home to give guidance on how systems and processes could be improved. On the 24 May 2019 this person was providing advice on organising the medicine administration record file. The service was also working with the local authority's Care and Business Support team (CABS). CABS work with services to improve their service delivery and quality and ensure safe care.